

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>6/9/05</u>	2 Serial/Patent # <u>10/518384</u>			
3 Please refund the following fee(s):				
<input checked="" type="checkbox"/> Filing <input type="checkbox"/> Amendment <input type="checkbox"/> Extension of Time <input type="checkbox"/> Notice of Appeal/Appeal <input type="checkbox"/> Petition <input type="checkbox"/> Issue <input type="checkbox"/> Cert of Correction/Terminal Disc. <input type="checkbox"/> Maintenance <input type="checkbox"/> Assignment <input type="checkbox"/> Other				
4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		
		<u>1</u>	<u>10/29/04</u>	\$ <u>100</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:		<u>151--0030</u>
10 REASON:				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>paralegal</u>		
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-940</u>		
OFFICE: <u>PCT</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**